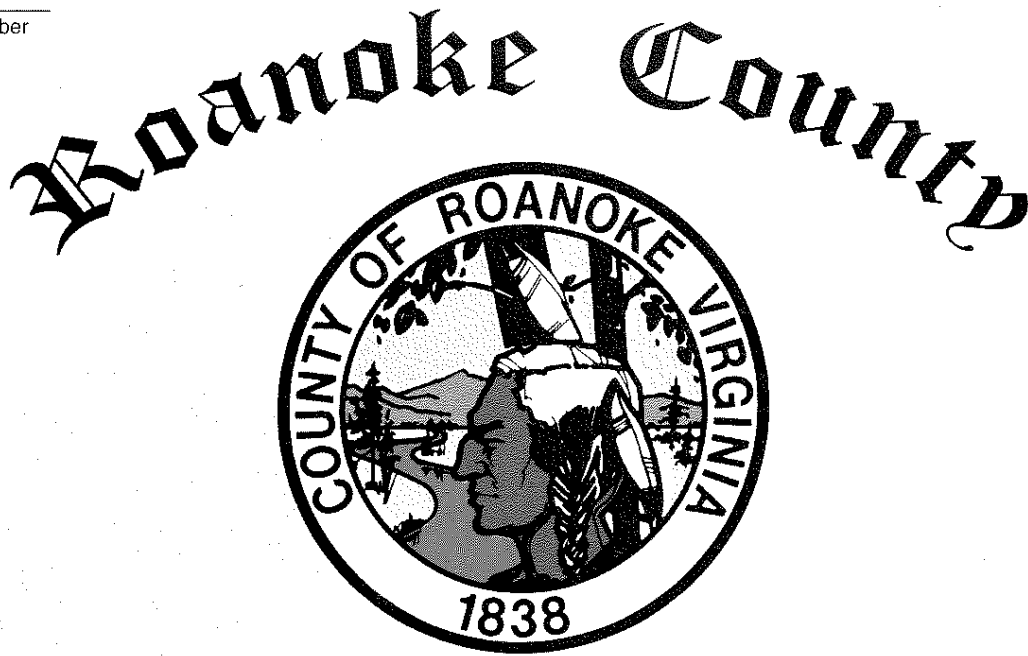


Business License Number



Business License

2006

This is to certify that

**has complied with all of the requirements to
operate a business in Roanoke County as
described in Code Section 10-1 et seq**

Nancy J. Horn
COMMISSIONER OF THE REVENUE

Betty B. Coleman
BUSINESS LICENSE INSPECTOR



ROANOKE COUNTY LICENSE TAX

NANCY J. HORN

COMMISSIONER OF THE REVENUE

P. O. BOX 20409 • ROANOKE, VA 24018-0513 • PHONE 772-2050

Renewal and payment due on or before March 1, to avoid penalty and interest.

PLEASE RETURN ALL COPIES. YOUR RECEIPT WILL BE MAILED TO YOU.

LICENSE YEAR

EXPIRES DECEMBER 31

BUSINESS LICENSE NO.

LICENSE YEAR

EXPIRES DECEMBER 31

BILL NO.

FED. ID. # / S.S. #

TRADE NAME

BUSINESS TELEPHONE

RESIDENCE TELEPHONE

APPLICANT Name and Address

NOTE: GROSS RECEIPTS FROM ALL CLASSES OF LICENSES REQUIRED.

BUSINESS ADDRESS

BRIEF DESCRIPTION OF BUSINESS

DATE BEGAN BUSINESS IN ROANOKE COUNTY

OUT OF BUSINESS

DATE BUSINESS TERMINATED

TOTAL GROSS RECEIPTS

ALL BUSINESS LICENSE GROSS RECEIPTS SHOULD BE REPORTED ON A CALENDAR YEAR BASIS.

☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION

CODES	CLASSIFICATION	GROSS RECEIPTS	TAX
	RETAIL MERCHANT IN BUSINESS THROUGHOUT THE PREVIOUS YEAR — SALES		
	SERVICE STATIONS — # GAL. GAS SOLD () ¢ @		
	ADJUSTED GROSS SALES THROUGHOUT YEAR		
	WHOLESALE MERCHANT IN BUSINESS THROUGHOUT THE PREVIOUS YEAR — PURCHASES		
	ALCOHOLIC BEVERAGE Beer and Wine — FEES		
	ABC NO.		
	COIN-OPERATED AMUSEMENT MACHINE FEES		
	BUSINESS SERVICE OCCUPATION SPECIFY TYPE		
	PERSONAL SERVICE OCCUPATION SPECIFY TYPE		
	REPAIR SERVICE OCCUPATION SPECIFY TYPE		
	PROFESSIONAL SERVICE OCCUPATION SPECIFY TYPE		
	CONTRACTOR SPECIFY TYPE CLASS A # CLASS B #		
	COMMISSION MERCHANT		
	NEW BUSINESSES ESTIMATE AND ADJUST GROSS RECEIPTS UNTIL A FULL YEARS EXPERIENCE HAS ACCUMULATED. (ESTIMATED GROSS RECEIPTS FROM PREVIOUS YEAR)		
	ACTUAL GROSS RECEIPTS FROM PREVIOUS YEAR		
	ADJUSTMENT — ENTER CREDIT OR AMOUNT DUE		= (±)
	OTHER BUSINESSES — SPECIFY TYPE		
	PAST DUE		
	LATE PAYMENT PENALTY 10%		
	INTEREST		
	LICENSE FEE		
	TOTAL AMOUNT DUE - MAKE CHECK PAYABLE TO TREASURER OF ROANOKE COUNTY		

I, the undersigned applicant, do swear (or affirm) that the foregoing figures and statement are true, full and correct to the best of my knowledge and belief.

CERTIFICATE OF OCCUPANCY NO. / OR TRADE NAME RECEIPT NO.

VIRGINIA REGISTERED AGENT NAME AND ADDRESS

SIGNATURE OF APPLICANT

REPORT IN WRITING TO COMMISSIONER OF THE REVENUE ALL CHANGES OR TERMINATION OF BUSINESS.

COUNTY OF ROANOKE, VIRGINIA
DELINQUENT TAX NOTICE

Attachment J

NOTE - THESE TAXES WILL BE COLLECTED AS
PRESCRIBED BY THE CODE OF VIRGINIA SECTIONS
58.1-3952 (TAX LIENS), 58.1-520 THROUGH 58.1-534
(TAX REFUND SET OFF)

TOTAL FOR ALL BILLS
LISTED ON THIS NOTICE

MAKE CHECKS PAYABLE TO:
COUNTY OF ROANOKE, TREASURER
REMIT TO: F. KEVIN HUTCHINS, TREASURER
P.O. BOX 21009, ROANOKE, VA 24018-0533

Detach and mail the top portion with your payment.

Dear Property Owner:

Our records indicate that taxes as shown below are unpaid. We are sending this notification as required under the provisions of
TITLE 58.1 of the CODE OF VIRGINIA.

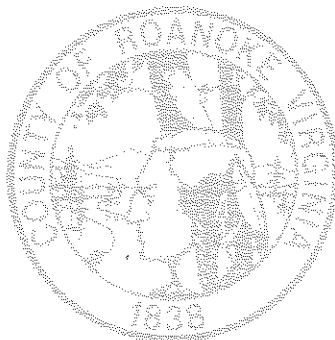
Please review your records and advise this office by _____, if you do not agree.
Space has been provided for notation of discrepancies. Documentation to support your differences should be attached. Your urgent
attention to this matter will be greatly appreciated.

This statement reflects the balance of your account as of _____ . Payments received
after this date HAVE NOT been deducted from the balance due.

Please pay by _____, and make checks payable to COUNTY OF ROANOKE,
TREASURER.

Yours very truly,
F. KEVIN HUTCHINS
TREASURER

<u>YEAR</u>	<u>BILL #</u>	<u>TAX</u>	<u>PENALTY</u>	<u>INTEREST</u>	<u>AMOUNT DUE</u>
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TOTAL

THE ABOVE AMOUNTS ARE CORRECT, EXCEPT AS NOTED BELOW.

<u>YEAR</u>	<u>BILL #</u>	<u>AMOUNT PAID</u>	<u>YEAR</u>	<u>BILL #</u>	<u>AMOUNT PAID</u>
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Name - Phone No. (please print)

Signature

Date

BUILDING SUPPLEMENT 19_____

NAME: _____

ADDRESS: _____

MAP NUMBER: _____

LEGAL DESCRIPTION: _____

ACCOUNT NUMBER: _____

BILL NUMBER: _____

ASSESSED VALUE: _____

FIRST HALF AMOUNT:

ASSESSED VALUE		RATE	PER MONTH		MONTHS	TOTAL DUE
	X			X		=

SECOND HALF AMOUNT:

ASSESSED VALUE		RATE	PER MONTH		MONTHS	TOTAL DUE
	X			X		=

SUBMITTED BY REAL ESTATE ASSESSMENTS

<input type="checkbox"/> Basemap <input type="checkbox"/> /Tax Map	
ROANOKE COUNTY TRANSFER INFORMATION 200	
MAP NO. _____	
OLD ACCOUNT NUMBER _____ CLASS <u>residential non-taxable</u>	
_____ COMPLETE _____ SPLIT _____ DELETE _____ ADD _____ CORRECTION <u>Common area etc.</u>	
GRANTEE _____	
MAILING ADDRESS _____	NEW ACCOUNT NUMBER _____
DESCRIPTION OF PROPERTY	
LT. _____ BLK. _____ SEC. _____ SUBDIVISION _____	
PARCEL _____ ACREAGE _____	
DEED _____ CALCULATED _____	
CONDO NAME _____ UNIT _____ BLDG. _____ PHASE _____	
INSTR. #	PLAT #
DATE	ST. TAX
GRANTOR	
D.B. _____	
W.B. _____	
LOT DIMENSIONS _____	
REMARKS: _____	
INITIALED _____ ENTERED _____ DRAFTING _____	

NO 43682
not on xfers, map changes only → Denise